

**USE THIS FORM IF YOU ARE AN EXISTING INVESTOR AND WISH TO SWITCH YOUR INVESTMENT BETWEEN FUNDS.**

Complete all sections in BLOCK letters using a black pen. If you make an error while completing this form, do not use correction fluid. Cross out your mistakes and initial your changes.

**1. Read and ensure you understand the product disclosure document for each Fund you are switching to.**

The product disclosure document is available on our website [www.uethical.com](http://www.uethical.com).

**2. Please ensure that you have completed the following:**

- entered your account number and account name in **section 1** as they appear on your latest statement
- entering your switching details, including the dollar or unit value you wish to switch
- signed the form as per the 'Signing instructions' in **section 5**

**3. Send your documents to us.**

You can return your form by email or post.

Scan and email to [transactions@uethical.com](mailto:transactions@uethical.com)

Please include your investor number in the subject line of your email.

Send by post: C\ - < U Ethical >  
GPO Box 804  
Melbourne VIC 3001  
Australia

## 1. Investor details

Account number

Account name

## 2. Switch from

Please select the Fund(s) and specify the number of units or dollar amount you wish to switch. If you wish to switch your entire unit holding, please tick the box provided next to the applicable Fund(s).

Note, minimum balances apply. Please refer to the Fund's product disclosure document. If your switch request will cause your balance in a Fund to be lower than the minimum we will contact you as we will be unable to process your request.

Fund name	Dollar amount to be switched \$	Number of units to be switched	Full switch (x)
<b>Wholesale</b>			
U Ethical International Equities Trust - Wholesale			<input type="checkbox"/>
U Ethical Australian Equities Trust - Wholesale			<input type="checkbox"/>
U Ethical Growth Portfolio			<input type="checkbox"/>
U Ethical Diversified Income Trust - Wholesale			<input type="checkbox"/>
U Ethical Enhanced Income Trust - Wholesale			<input type="checkbox"/>
<b>U Ethical Cash Management Trust*</b>			<input type="checkbox"/>
<b>Retail</b>			
U Ethical Australian Equities Trust			<input type="checkbox"/>
<b>U Ethical Cash Management Trust*</b>			<input type="checkbox"/>
<b>Institutional</b>			
U Ethical Australian Equities Trust - Institutional			<input type="checkbox"/>

\*These funds have an 11:00am cut off for same day processing.

### 3. Switch to

Please select the Fund(s) you wish to switch to and specify the number of units or dollar amount to be invested in each Fund. Minimum balances apply for each Fund.

Fund name	Dollar amount to be switched \$	Number of units to be switched	Total balance of units as indicated above	Distribution option**	
				Reinvest	Paid to nominated bank account***
<b>Wholesale</b>					
U Ethical International Equities Trust - Wholesale				<input type="checkbox"/>	<input type="checkbox"/>
U Ethical Australian Equities Trust - Wholesale				<input type="checkbox"/>	<input type="checkbox"/>
U Ethical Growth Portfolio				<input type="checkbox"/>	<input type="checkbox"/>
U Ethical Diversified Income Trust - Wholesale				<input type="checkbox"/>	<input type="checkbox"/>
U Ethical Enhanced Income Trust - Wholesale				<input type="checkbox"/>	<input type="checkbox"/>
<b>U Ethical Cash Management Trust*</b>				<input type="checkbox"/>	<input type="checkbox"/>
<b>Retail</b>					
U Ethical Australian Equities Trust				<input type="checkbox"/>	<input type="checkbox"/>
<b>U Ethical Cash Management Trust*</b>				<input type="checkbox"/>	<input type="checkbox"/>
<b>Institutional</b>					
U Ethical Australian Equities Trust - Institutional				<input type="checkbox"/>	<input type="checkbox"/>

**\*These funds have an 11:00am cut off for same day processing**

\*\*The distribution choice will override any per-existing election. If no election is made, distributions will be reinvested

\*\*\*Distributions will be deposited into your nominated financial institution account. If you have not previously nominated a financial institution account or wish to change your nominated account, please complete a 'Change of details' form available at [www.uethical.com](http://www.uethical.com) or on request from the product page.

### 4. Existing instructions

If you have a regular savings or investment plan for the Current Trust, and wish to have a regular plan or create a plan for more than one Trust, please complete our Direct Debit Form. The form is available on the applicable product page at [www.uethical.com](http://www.uethical.com)

## 5. Signing instructions

By completing and signing this form, you:

- authorise us to act according to the instructions on this form,
- acknowledge that the instructions on this form supersede all previous instructions received by us, and
- agree to indemnify us from and against all losses, costs, expenses, claims, actions or proceedings brought against us in connection with following your instructions on this form.

### Who needs to sign this form?

**Individual** - where the investment is in one name, the account holder must sign.

**Joint Holding** - where the investment is in more than one name, all account holders must sign.

**Companies** - where the company has a sole director who is also the sole company secretary, this form must be signed by that person. If the company (pursuant to section 204A of the Corporations Act 2001) does not have a company secretary, a sole director can also sign alone. Otherwise this form must be signed by a director jointly with either another director or a company secretary. Please indicate the capacity in which the form is signed.

**Trust** - the trustee(s) must sign this form. Trustee(s) signing on behalf of the trust confirm that the trustee(s) is/are acting in accordance with such designated powers and authority under the trust deed.

**Power of Attorney** - if you have not already lodged the Power of Attorney with us, please attach a certified copy of the Power of Attorney document that includes Certificate of Witness and Statement of Acceptance and Certified Identification Document of the Power of Attorney. I/We attest that the Power of Attorney has not been rescinded or revoked and that the Donor is still living.

### Signature of investor 1, director or authorised signatory

Date (DD/MM/YYYY)   /   /

Please print full name

Capacity	
Director	<input type="checkbox"/>
Sole director and company secretary	<input type="checkbox"/>
Authorised signatory / Power of Attorney	<input type="checkbox"/>

### Signature of investor 2, director/company secretary or authorised signatory

Date (DD/MM/YYYY)   /   /

Please print full name

Capacity	
Director	<input type="checkbox"/>
Sole director and company secretary	<input type="checkbox"/>
Authorised signatory / Power of Attorney	<input type="checkbox"/>